

**SUMTER COUNTY BOARD OF COMMISSIONERS
EXECUTIVE SUMMARY**

SUBJECT: Change Order Request to Purchase Order No. 52308 (Staff Recommends Approval).
REQUESTED ACTION: Approve change to increase total by \$522.00

☐ Work Session (Report Only) **DATE OF MEETING:** 10/13/09
☒ Regular Meeting ☐ Special Meeting

CONTRACT: ☒ N/A Vendor/Entity: _____
Effective Date: _____ Termination Date: _____
Managing Division / Dept: Budget & Purchasing

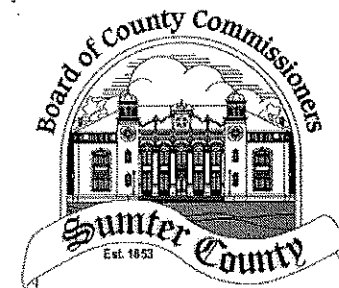
BUDGET IMPACT: \$522.00
☐ Annual **FUNDING SOURCE:** _____
☐ Capital **EXPENDITURE ACCOUNT:** 116-490-549-4606
☐ N/A

HISTORY/FACTS/ISSUES:

This Blanket Purchase Order for Bushnell Tire Company was an estimation of yearly usage; therefore, the remaining balance of this Purchase Order will not cover Invoice #B202767 for the purchase and mounting of six tires that was purchased on September 21, 2009. Therefore, this request is to add additional funding to cover the remaining balance.

Exhibit A

CHANGE ORDER REQUEST FORM



PO Number 52308
 Vendor Bushnell Tire Co.
 PO Amount \$875.63
 Net Change Amount (-/+) + \$522.00

PLEASE CHANGE THE FOLLOWING ITEMS

Item Number	From Quantity	To Quantity	From Unit Price	To Unit Price	From Account Code	To Account Code

PLEASE ADD THE FOLLOWING ITEMS

Item	Account	Description	Quantity	Unit Price	Amount
4606	116-490-549	New Tires, Mount & Balancing	2	192.94	385.88
4606	116-490-549	Balance & stems	6	18.95	113.70
4606	116-490-549	disinfectant & mount	1	22.42	22.42

Cancel Entire Purchase Order ☐

Marie Nicole He no longer w Bacc
 Original Requestor's Signature

Cancel Item Numbers _____

Reason/Justification/Special Instructions:

Balance of Blanket PO will not cover Invoice #B202767, please add additional funds to cover entire balance. The tires and mounting were completed on 9-21-2009. PO was estimation of Yearly usage. Instead of doing New PO For Final Purchase we would like to change existing PO.

Signature/Approvals

Department Head

Date

Division Director

Date

Budget & Purchasing Dept.

Date

County Administrator

Date

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

TO

BUSHNELL, FLORIDA 33513-9402

52308

Bushnell Tire Co.
322 North Main Street
Bushnell, Florida 33513

DATE April 28, 2009

DEPT. Transit

BY Marie Nicolette
Marie Nicolette

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
116-490-549-4606			BLANKET PURCHASE ORDER		
			New Tires, Mount and Balanced for Transit Fleet		8,000.00
			Under State Contract		1124.68
			Balance		6875.32
					2635.53
			Balance		4239.79
					71.35
			(B200136) -752308 6-29-09		4168.40
			7-20-09 (B200728)		16.95
			7-29-09 B201432		4151.45
					1404.06
					2747.39
					116.79
					2638.45
					1421.01
					1217.49
			TERMS:	TOTAL	8,000.00

BOARD OF SUMTER COUNTY COMMISSIONERS

-106.85

DELIVER TO:

AUTHORIZED BY:

1110.59

9-15-09

1234.93

875.63

**NOTE: ONLY ORIGINAL INVOICES
WILL BE CONSIDERED FOR PAYMENT**

DISTRIBUTION:

BLUE COPY - TO BOARD OF COUNTY COMMISSIONERS
WHITE COPY - TO VENDOR
CANARY COPY - TO DEPARTMENT HEAD
GREEN COPY - TO BOARD OF COUNTY COMMISSIONERS

THIS IS TO CERTIFY THAT THE ABOVE GOODS WERE RECEIVED AND THAT THEY WERE OF THE QUANTITY AND QUALITY ORDERED AND PAYMENT FOR SAME IS HEREBY APPROVED.

BY:

OFFICER OR DEPT. HEAD

DATE:

1. MAIL INVOICE TO BOARD OF COUNTY COMMISSIONERS
2. PLEASE SHOW OUR PURCHASE ORDER NUMBER ON ALL INVOICES
3. EACH SHIPMENT MUST BE COVERED BY A SEPARATE INVOICE
4. THE COUNTY OF SUMTER IS EXEMPT FROM STATE SALES AND USE TAX AND FEDERAL EXCISE TAXES. STATE SALES AND USE TAX CERTIFICATE NUMBER 85-8012622366C-3.

COST	QUAN.	PART NUMBER / DESCRIPTION	PRICE
19254	6	225/20/19.5	
		Goodyear G647	
		1/15764	
	156	Dismounts	
	6	mounts	90
18798	6	Balances/Powder Equal	11370
	6	Stems	
		Product Code	
		#139121080	

BUSHNELL TIRE CO.

322 N. Main St.
BUSHNELL, FL. 33513
352-793-7822

GOODYEAR
INDEPENDENT DEALER

B202767

COMPLETE AUTOMOTIVE SERVICE • #MV-05930

NAME <i>Sumter Transit</i>		DATE IN <i>9/21/09</i>	MILEAGE IN
ADDRESS		CITY	TIME IN AM PM
VIN	YEAR	MAKE	MODEL
LICENSE NO.			
PHONE RES. BUS.	PROMISED COMPLETION DATE	PHONE WHEN READY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIT	
REPRESENTATIVE WHO ACCEPTS ORDER		DATE OUT	MILEAGE OUT
NAME AND PHONE OF ANOTHER PERSON WHO MAY AUTHORIZE REPAIRS ON THIS VEHICLE			
WORK REQUESTED OR DESCRIPTION OF PROBLEM			

LUBRICATE	<input checked="" type="checkbox"/>	LABOR CHARGE
CHANGE OIL	<input checked="" type="checkbox"/>	
CHANGE OIL FILTER CART.	<input type="checkbox"/>	
CHANGE TRANS. OIL	<input type="checkbox"/>	
CHANGE DIFF. OIL	<input type="checkbox"/>	
PACK FRONT WHEEL BRGS.	<input type="checkbox"/>	
ADJUST BRAKES	<input type="checkbox"/>	
X TIRES	<input type="checkbox"/>	
WASH	<input type="checkbox"/>	
POLISH	<input type="checkbox"/>	

REPLACED PARTS TO BE RETAINED FOR INSPECTION ☐ YES ☐ NO

☐ CASH
☐ CHARGE
☐ MC
☐ VISA
☐

We guarantee our service work for _____ days or _____ miles, whichever comes first. If our repair or replacement fails in normal service within that period, we'll fix it free of charge.

STORAGE CHARGES OF \$ _____ PER DAY WILL BE INCURRED _____ WORKING DAYS AFTER YOU HAVE BEEN NOTIFIED THE REPAIRS HAVE BEEN COMPLETED.

CHARGES FOR A WRITTEN ESTIMATE WILL BE DIRECTLY RELATED TO THE ACTUAL AMOUNT OF LABOR AND DIAGNOSTIC WORK INVOLVED.

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

X _____
CUSTOMER SIGNATURE

ORIGINAL ESTIMATE

PARTS \$ _____

LABOR \$ _____

TOTAL \$ _____

AUTHORIZED ADDITIONS

PARTS \$ _____

LABOR \$ _____

TOTAL \$ _____

ADDL. REPAIRS AUTHORIZED BY:

DATE _____

TIME _____

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$100.00.

☐ I REQUEST A WRITTEN ESTIMATE.
☐ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ _____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

☐ I DO NOT REQUEST A WRITTEN ESTIMATE.

Signed: _____ Date: _____

CHARGES ARE BASED ON ☐ HOURLY RATE ☐ FLAT RATE
☐ COMBINATION OF HOURLY AND FLAT RATES

SALE	
TOTAL LABOR	
TOTAL PARTS	
SUBLET REPAIRS	
TIRE/BATTERY TAX	
TIRE/OIL DISPOSAL FEE	
SUBTOTAL	1397.34
TAX	
TOTAL	1397.34